TABLE OF CONTENT FO2221612

INVESTIGATOR'S LOG

SUPERVISOR'S REPORT ON USE OF FORCE FORM

INVESTIGATIVE SUMMARY

TRANSCRIBED INTERVIEWS

EXHIBITS A THROUGH D

- A Crime Report Resisting Executive Officer, 69 PC;
 Battery on a Peace Officer, 243(b) PC; File Number 408-14682-1192-145
- **B** (6) Supplemental Reports under File Number 408-14682-145
- C Suspect Valezuela's Criminal History
- **D** Photographs

MISCELLANEOUS DOCUMENTS

- Administrative Rights Forms
- Copy of Lancaster Sheriff's Station EM In-Service for June 7, 2008
- Training Records and Assignment Card for Involved Deputies

Los Angelas County Sheriff' Department Supervisor's Report on Use of Force

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SH-R-438P (Rev. 12/07)

Copy: Unit Commander

Incident Information URN: 4 0 8 - 1 4 6 8 2 - 1 1 9 2 - 1 4 5 Date: Time: 6/7/08 0230 30th Street West City or Station: Location: Lancaster YES 🔯 NO 🗀 Bureau/Station/Facility: FOR1 / Lancaster Station Admin. Investigation: Type of Force: Significant, Control Holds, Take-down, Deputy Injury : YES X NO YES 🛛 NO 🗌 Suspect Injury Call ☐ Detail Foot Pursuit Vehicle Pursuit IAB Notified: YES NO Person Notified: IAB Roll Out: YES 🔀 NO 🗍 A/Lt. Hill Emp: Involved Employee Middle Name Employee # Last Name First Name Knight Shannon Eugene Sex: Unit of Assignment: Race: Work Assignment (Unit #, Module, etc.): Male Male Female W Lancaster 113A Shift: Height: Weight: Age: Regular Shift OT Shift Off Duty ⊠ EM PM 508 185 Coroner Case # Directed Force Injured I Treated Admitted Hospital: Lancaster Community Hospita Significant Force Employ<u>ee #</u> Last Name First Name Middle Name **E**2 Sex: Unit of Assignment: Race: Work Assignment (Unit #, Module, etc.): Male Male Female W Lancaster Shift: Height: Weight: Age: Regular Shift OT Shift Off Duty EM PMDav 507 140 Coroner Case # Directed Force Admitted Hospital: Injured Treated Significant Force First Name Middle Name Employee # Last Name Feder Bradley Sex: Unit of Assignment: Race: Work Assignment (Unit #, Mcdule, etc.): Male | Female W Lancaster Shift: Height: Weight: Age: Regular Shift OT Shift Off Duty PM 507 508 Coroner Case # Directed Force Injured Treated Admitted Significant Force Hospital: Additional Involved Employees On Duty Supervisor Emp._# First Name Rank Witness to Incident Last Name Middle Name YES 🛛 NO 🗌 YES 🛛 NO 🗀 Dawson Theresa Sat Present First Name Middle Name Witness to Incident Rank Emp. # ast Name. YES 🗌 NO 🗌 YES 🗌 NO 🗀 Watch Sergeant Middle Name Emp. Last Name First Name Chambers David С Watch Commander Last Name First Name Middle Name Emp. Watch Commander (Print Name) Watch Commander's Signature: Emp#: Date Jack Ramirez Supervisor Completing Form: (Print Name) Emp #: Copy Provided to Employee by: Emp #: Unit Commander (Print Name) Unit Commander's Signature: Emp #: Date DISCOVERY Use Only Original: Discovery Unit FO#

SUSPECT INFORMATION

408-14682-1192-145

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	petition of a little of the	<u> </u>	٤	Suspect In	iformat	ion					
S <u>1</u>	Last Name	Valenzue	ela	First Nam	ne	Jo	ose	Middle I	Vame	Roberto	
	AKA Last Name			First Nam	ne			Middle I	Vame		
	Sex: Male Female	Race:	Street Address:				City:		State & Zi	p Code:	
		H									
	Work Phone:	Home Phone		Age: 29	Hei	ght: 509	D.О.В. 08-30-7	8 Weig	1 === 155	Armed?	
	Booking #: 1501-602	Primary Cha	rge Code:	69P.C.	Sec	ondary Ch	narge Code:		Crim	inal History	
	EMT in attendance? YES	; ∏ио ма	me:			Unit:_		Phon	e#:		
	Hospital Admission? 🔀 🛭 ।	Rec'd Treatme	ent At:Ant	elope Valle	ey Hosp	oital	Coroner Case #:_		Me	ntal History	
	By Doctor: Atilla	Ulner	Address:_	1600 Wes	st Avenu	ie J, Land	aster CA. 9353	4 Phone	#: <u>661-</u>	949-500	0
	Under Influence: X YES		Substance:			cohol		4.5.7.7 × 5.35		tal Illness	
			Time: 005		ect inten liotape:		Videotape:				
	Date: 06-07-0)8	Time: 025	-			videotape.	\boxtimes	PHOIOS	of Injuries:	
				Suspect		1((0))1					
S	Last Name		····	First Nan				Middle	Name		
	AKA Last Name	,		First Nan	ne			Middle			
	Sex: Male Femal	Race:	Street Address:				City:		State & Z	p Code:	:
	Work Phone:	Home Phone):	Age:	He	ight:	D.O.B.	Wei	ight:	Armed?	
	Booking #:	Primary Ch	arge Code:		Se	condary C	harge Code:		Crin	ninal History	<u> </u>
	EMT in attendance? YEs	S NO N	ame:			Unit		Pho	ne #:		
	Hospital Admission?	Rec'd Treatm	ent At:				Coroner Case #:		Me	ental History	′ □
	By Doctor:		Address:					Phon	e #:		
	Under Influence: YES	□ NO	Substance:						Mental	Illness:	
1		1948/46/1973		Suspe	ect Inter	view	Trestre de la compa	(482)			
	Date:		Time:		diotape:		Videotape:		Photos o	f Injuries:	
	W			Suspect In	nformat	ion					
S _	Last Name			First Na	ıme			Middle	Name		
	AKA Last Name			First Na	me			Middle	Name		
	Sex: Male Fema	Race:	Street Address:				City:		State & Z	Ip Code:	
	Work Phone:	Home Phon	e:	Age:	H	eight:	D.O.B.	We	ight:	Armed?	
	Booking #:	Primary Ch	arge Code:	·	Se	econdary 0	Charge Code:	•	Grii	minal Histor	у
	EMT in attendance?	s ∏ио и	ame:			Unit:		Pho	ne #:		
	Hospital Admission?	Rec'd Treatm	nent At:				_Coroner Case #	·	M	ental History	у 🔲
	By Doctor:		Address:					Phor	ne #:		
	Under Influence: YES	· · · · · · · · · · · · · · · · · · ·	Substance:		ountain train	al oraș est si tre ma	. Names of the first of the same of the sa	- YA SLEIGHA -P	Ment	al Illness	
	Date:		Time:		ect Inte udiotape	rview	Videotape:		Photos	of Injuries:	
	Date.		I IIII &.	į Au	wwwhe	·	videotape.		THOUSE	i injunes.	↓ -

Supervisor's Report on Use of Force EMPLO. EE / NON-EMPLOYEE INFORMATION

408-14682-1192-145

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		E	mployee Witnesses						
Emp#	Last Name Wha	alen	First Name G	regory	·	Middle f	Vame		
Emp. #	Last Name		First Name	Middle Name					
	Dawson			neresa				<u> </u>	
Emp. #	Last Name		First Name			Middle 1	чате		
Emp. #	Last Name		First Name			Middle	Vame		
Emp. #	Last Name		First Name			Middle I	Vame		
Emp. #	Last Name		First Name			Middle i	Vame		
ainn an deile			-Employee Witnesses						
Last Name		First Name		Middle	Name		Age	'	D.O.B.
			l en				35	بايب	
Street Address			City		Zip Code	Work P	n.	Hor	me Ph.
Last Name		First Name	- <i>/</i>	Middle	Name		Age 26		D.O.B.
Street Address			City		Zip Code	Work Pi	- 	ال	me Ph.
Sileet Address			City		Zip Code	VVOIK		I IO	ne Fil.
Last Name		First Name		Middle	Name		Age		D.O.B.
Street Address			City		Zip Code	Work P	า.	Hor	me Ph.
Last Name		First Name		Middle	Name		Age		D.O.B.
Street Address			City		Zip Code	Work Pt	1.	Hon	ne Ph.
Last Name		First Name		Middle	Name		Age		D.O.B.
Street Address			City		Zip Code	Work Pt	ì.	Hon	ne Ph.
Last Name		First Name		Middle	Name		Age		D.O.B.
Street Address			City		Zip Code	Work Ph).	Hon	ne Ph.
Last Name		First Name		Middle i	Name		Age		D.O.B.
Street Address			City		Zip Code	Work Ph	1,	Hom	ne Ph.
Last Name		First Name		Middle !	Name		Age		D.O.B.
Street Address			City	<u> </u>	Zip Code	Work Ph		Hom	ne Ph.
Last Name		First Name		Middle I	Name		Age		D.O.B.
Street Address			City		Zip Gode	Work Ph		Hom	ne Ph.

SH-R-438P (Rev. 12/07)

Additional Witness

Specifical Specifical

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Method

(AV	') Arwen	(FH)	Firearm (Handgun)	(PO)	Personal Weapon (Other)
(BC) Baton: (Control)	(FR)	Firearm (Rifle)	(RS)	Resistance
(BI)	Baton: (Impact)	(FS)	Firearm (Shotgun)	(CN)	Restraint Device (Capture Net)
(BF	Bodily Fluids	(FO)	Firearm (Other)	(BH)	Restraint Device (Handcuffs)
(CN) Canine	(FB)	Flashbang	(HB)	Restraint Device: Hobble (Legs Only)
(CF) Carotid Restraint	(FL)	Flashlight	(TP)	Restraint Device: Hobble (TARP)
(CH) Choke Hold	(OE)	Other Weapon: Edged	(RE)	Restraint Device: REACT Belt
(CT	Control Holds: (Control Techniques)	(OV)	Other Weapon: Vehicle	(SP)	Sap
(TT	Control Holds: (Team Takedown)	(OB)	Other Weapon: Blunt Object	(SH)	Shield
(TD	Control Holds: (Takedown)	(00)	Other Weapon: Other	(SG)	37mm Stinger
(CE	Chemical	(PK)	Personal Weapon: Feet/Leg: (Kick)	(SB)	Sting Ball
(00) Chemical Agents (OC Spray)	(PS)	Personal Weapon: Feet/Leg: (Sweep)	(ST)	Stun Bag
(TG	Chemical Agents (Tear Gas)	(PH)	Personal Weapon (Hand/Arm)	(TR)	Taser
(EX	Explosives	(PP)	Personal Weapon (Push)	(UC)	Uncooperative

1-11	Explodites		\ , ,	,	onal troupon (i don)		(00) 01.00	opere.			
Тур	e of Injury					Bod	y Part Inju	red			
(BU) (CP) (CO)	Abrasion Bruise Burn Complaint of Pain Concussion Death Dislocation	(FR) (GS) (HB) (LC) (ND)	Dog Bite Fractures Gunshot Human Bite Lacerations Nerve Damage Organ Damage	(SD) (ST) (UN) (RM)	Paralysis Puncture Wound Soft Tissue Damage Sprain/Twists Unconscious Refused Med Treatment NONE	(AD) (AK) (AR) (BK) (BT) (CH) (EL)	Ankle	(FE) (FI) (GE) (GR) (HD)	Face Feet Fingers Genitals Groin Hands Head	(HI) (IX) (KN) (LE) (NK) (SH) (SH)	Hip Internal Knees Leg Neck Nose Shoulder Wrist

FORCE USED B	Y	FORCE USED AGA	AINST	Method	Type of Injury	Body Part
Name	E# or S#	Name	E# or S#	(Code)	(Code)	(Code)
Valenzuela	S1	Knight	E1	PH	ST	FI
Knight	E1	Valenzuela	S1	CT	FR	EL
Valenzuela	S1		E2	RS	NN	
	E1	Valenzuela	S1	CT	NN	
Knight	E1	Valenzuela	S1	TT	NN	
	E2	Valenzuela	S1	TT	NN	
Valenzuela	S1		E3	RS	NN	
	E3	Valenzuela	S1	RH	NN	
Valenzuela	S1		E4	RS	NN	
	E4	Valenzuela	S1	СТ	NN	
Valenzuela	S1		E5	RS	NN	
	E5	Valenzuela	S1	PH	NN	
Valenzuela	S1		E6	RS	NN	
	E6	Valenzuela	S1	PΗ	NN	
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ipervisor's Report on Use of orce INVOLVED EMPLOYEE - Continuation 4 0 8 - 1 4 6 8 2 - 1 1 9 2 - 1 4 5

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i					Involved Emp	loyee				
E <u>4</u>	Employee#		Last Name			First Nar	me		Middle Name	
	Sex: Male	Female	Race: H	Unit of Assignme	_{ent} Lancaster		Work /	Assignment (Unit #, Mo	odule, etc.):	
	Shift:	Day	☐ PM	Regular Shift	OT Shift	Off Duty	Age:	Height: 507	Weight: 508	
	☐ Injured {	Treated	Admitted	Hospital:				Coroner Case #	Directed Force Significant Force	
E 5	Employee #		Last Name			First Nan	me		Middle Name	
	Sex: Male	Female	Race:	Unit of Assignme	ent: Lancaster		Work A	Assignment (Unit #, Mo	dule, etc.):	
	Shift: EM	Day	□РМ	Regular Shift	OT Shift	Off Duty	Age:	Height: 507	Weight: 508	
	Injured [Treated	Admitted	Hospital:				Coroner Case #	Directed Force Significant Force	
E 6	Employee #		Last Name		_	First Nar	me		Middle Name	
	Sex: Male	Female	Race:	Unit of Assignme	ent: Lancaster		Work /	Assignment (Unit #, Mo	dule, etc.):	
	Shift:	Day	☐ PM	Regular Shift	OT Shift	Off Duty	Age:	Height 6-00	Weight: 200	
	Injured [Treated	Admitted	Hospital:				Coroner Case #	Directed Force	
E_	Employee#		Last Name			First Nar	me		Middle Name	
	Sex:	Female	Race:	Unit of Assignme	ent:		Work /	Assignment (Unit #, Mo	dule, etc.):	
	Shift:	Day	РМ	Regular Shift	OT Shift	Off Duty	Age:	Height:	Weight:	
	Injured [Treated	Admitted	Hospital:				Coroner Case #	Directed Force Significant Force	
E	Employee#	····	Last Name	,		First Nar	me		Middle Name	
	Sex: Mate	Female	. Race:	Unit of Assignme	ent.		Work /	Assignment (Unit #, Mo	dule, etc.):	
	Shift:	Day	☐ PM	Regular Shift	OT Shift	Off Duty	Age:	Height:	Weight:	
	Injured [Treated	Admitted	Hospital:				Coroner Case #	Directed Force Significant Force	